

Case Number:	CM15-0139983		
Date Assigned:	07/29/2015	Date of Injury:	01/06/2011
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 52-year-old female who sustained an industrial injury 01-06-2011. Diagnoses include tension and-or muscle contraction headache disorder and referred pain either to the neck or from the neck, probably industrial; menstrual migraines, nonindustrial; and history of back and neck pain. Treatment to date has included medications. According to the progress notes dated 11-11-2014, the IW reported headaches two to three days per week, which lasted, on occasion, the entire day. She rated her pain 5 to 8 out of 10. She would lie down if the pain was severe. For more moderate pain, she had her daughter assist with house chores and shopping. She complained of right-sided neck pain and a "lump". On examination there was tenderness to the right side of the neck without muscle spasms. Forward flexion of the neck was 70% of normal; bilateral rotation was 80% of normal; extension was normal with complaints of pain, mainly on the right. A request was made for Topiramate 25mg, #30 with three refills and Amitriptyline 10mg, #20 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topiramate 25mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs)-Topiramate, page 16-22.

Decision rationale: Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports from treatment previously rendered. There is no failed conservative first-line treatment modality, documented ADL limitations of neuropathic origin, or acute flare-up or red-flag conditions to support for its use. The Topiramate 25mg #30 with 3 refills is not medically necessary and appropriate.

Amitriptyline 10mg #20 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this chronic 2011 injury with continued pain complaints. Report has noted the patient with complaints of persistent pain taking chronic medications without demonstrated specific functional improvement in terms of increased ADLs, decreased medication profile and medical utilization for this chronic injury. The Amitriptyline 10mg #20 with 3 refills is not medically necessary and appropriate.